

# A NEW STATEWIDE STUDY ON IMPROVING TREATMENT PERFORMANCE

## OVERVIEW

Updated, September 26, 2013

Funded by the National Institute on Drug Abuse (NIDA)

[http://www.dshs.wa.gov/dbhr/incentives\\_project.shtml](http://www.dshs.wa.gov/dbhr/incentives_project.shtml)

# PROJECT TEAM

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**Institute for Behavioral Health  
Heller School for Social Policy and Management  
Brandeis University**

Deborah Garnick

Constance M. Horgan

Margaret Lee

Elizabeth Merrick

Andrea Acevedo

Grant Ritter

Lee Panas

**State of Washington  
Behavioral Health and Service Integration Administration (BHSIA)  
Division of Behavioral Health and Recovery (DBHR)**

Alice Huber

Kevin Campbell

Fritz Wrede

Eric Larson

# PROJECT GOAL

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**Determine the impacts on substance abuse treatment agency performance and client outcomes of:**

- Financial incentives to agencies**
- Client-specific alerts about whether specific clients are meeting performance measures**

# BENEFITS TO AGENCIES

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- Opportunity for some agencies to earn **financial incentives** based on performance (depending on random assignment)
- Potential to receive **more timely information** to help improve the quality of treatment provided to individuals with substance use problems (depending on random assignment)
- Provide information to BHSIA for possible **future implementation** (incentives and/or alerts)

# OVERVIEW

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**Part I – Context**

**Part II – Project Design**

**Part III – Performance Measures**

# PART I

## CONTEXT



# PROJECT RATIONALE

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- Need to help clients more fully engage in treatment
- Performance measures can help to improve treatment
- Need to test approaches to improving performance

# PREMISE

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“Performance measures are tools, and as such, do not lead to improvements unless they are well designed, appropriately used and applied in a system or organization that is equipped to implement change.”

**Horgan & Garnick (2005) Background paper on performance measurement for the Institute of Medicine report, “Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series.”**



# WASHINGTON AND BRANDEIS COLLABORATION

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- 2004-2008 (SAMHSA and NIDA) -- Developed and tested performance measures
- 2009-2013 (NIAAA) -- Study of association of process performance measures and outcomes
- 2012-2017 (NIDA) -- Current study on impact of incentives and alerts

# NATIONAL CONTEXT – CHANGES IN HEALTH CARE DELIVERY SYSTEM

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- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)
- Patient Protection and Affordable Care Act (ACA) of 2010
- State legislation and reform initiatives
- Private sector efforts involving new payment arrangements

# WASHINGTON STATE CONTEXT



- Current performance measures in performance-based contract
  - OP/IOP “Retention”
    - One activity per month for each of the first 3 months, or
    - discharge as “complete” within 90 days
  - Residential or Detox “Treatment Completion”
- Other performance measures
  - SCOPE

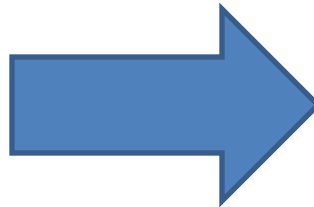
# PART II

## PROJECT DESIGN

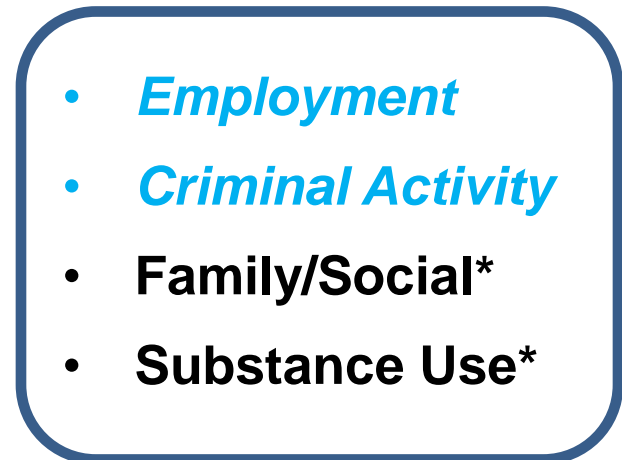


# CONCEPTUAL MODEL

## PERFORMANCE MEASURES (PROCESS)



## OUTCOMES



\* Not the focus of this study.

# PERFORMANCE MEASURES

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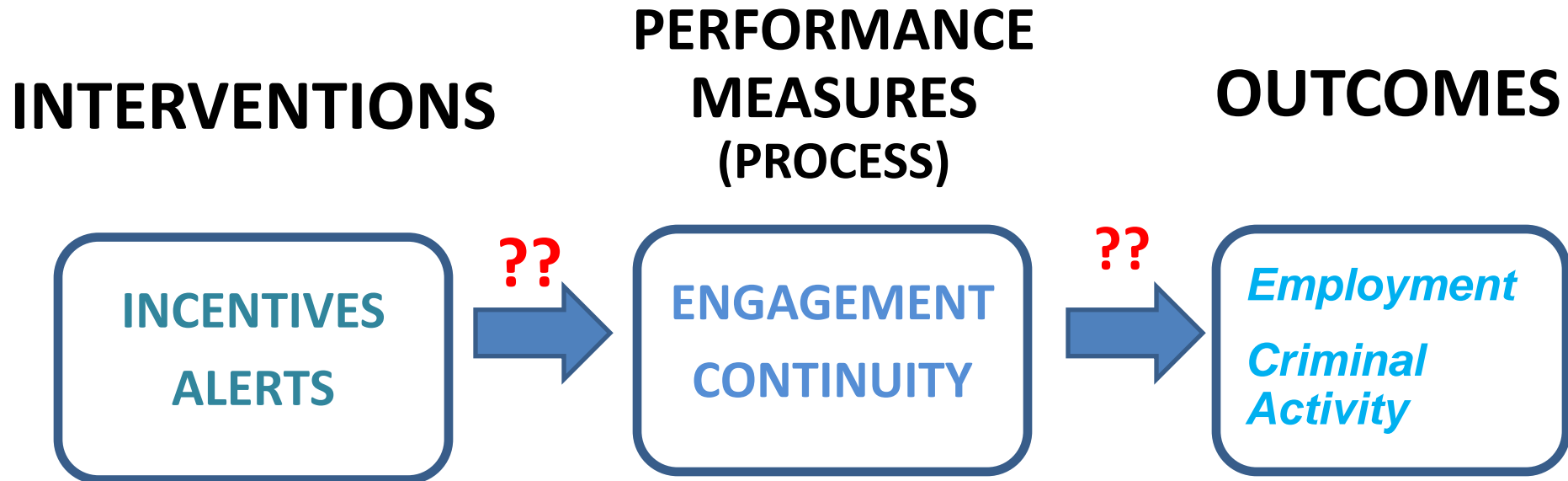
- **Engagement in outpatient treatment**
  - First client achieves initiation by receiving another service within 14 days after beginning of a new episode
  - Then client is engaged by receiving two additional services within 30 days after the initiation service
- **Continuity after detox stay or residential treatment**
  - Client receives another service within 14 days after discharge

# EVIDENCE OF IMPACT ON OUTCOMES

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- **Engagement**
  - Associated with improved treatment outcomes
    - Lower arrest rates
    - Better employment outcomes
  - Used to monitor quality of care in health plans
  - Endorsed by the National Quality Forum
- **Continuity of care**
  - After detox: associated with longer periods of abstinence, reduced readmissions to detox
  - After residential treatment: predictor of recovery status at follow-up

# CONCEPTUAL MODEL FOR THIS STUDY





# INTERVENTION – FINANCIAL INCENTIVES

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- Historically, health care has offered few financial rewards for performance regardless of quality or outcome
- High and low quality providers earn the same at the same volume levels, while in most other markets higher quality fetches a higher price
- Pay-for-performance (P4P) efforts offer financial incentives/rewards to health care providers to meet defined targets

# INTERVENTION – PROVIDER ALERTS

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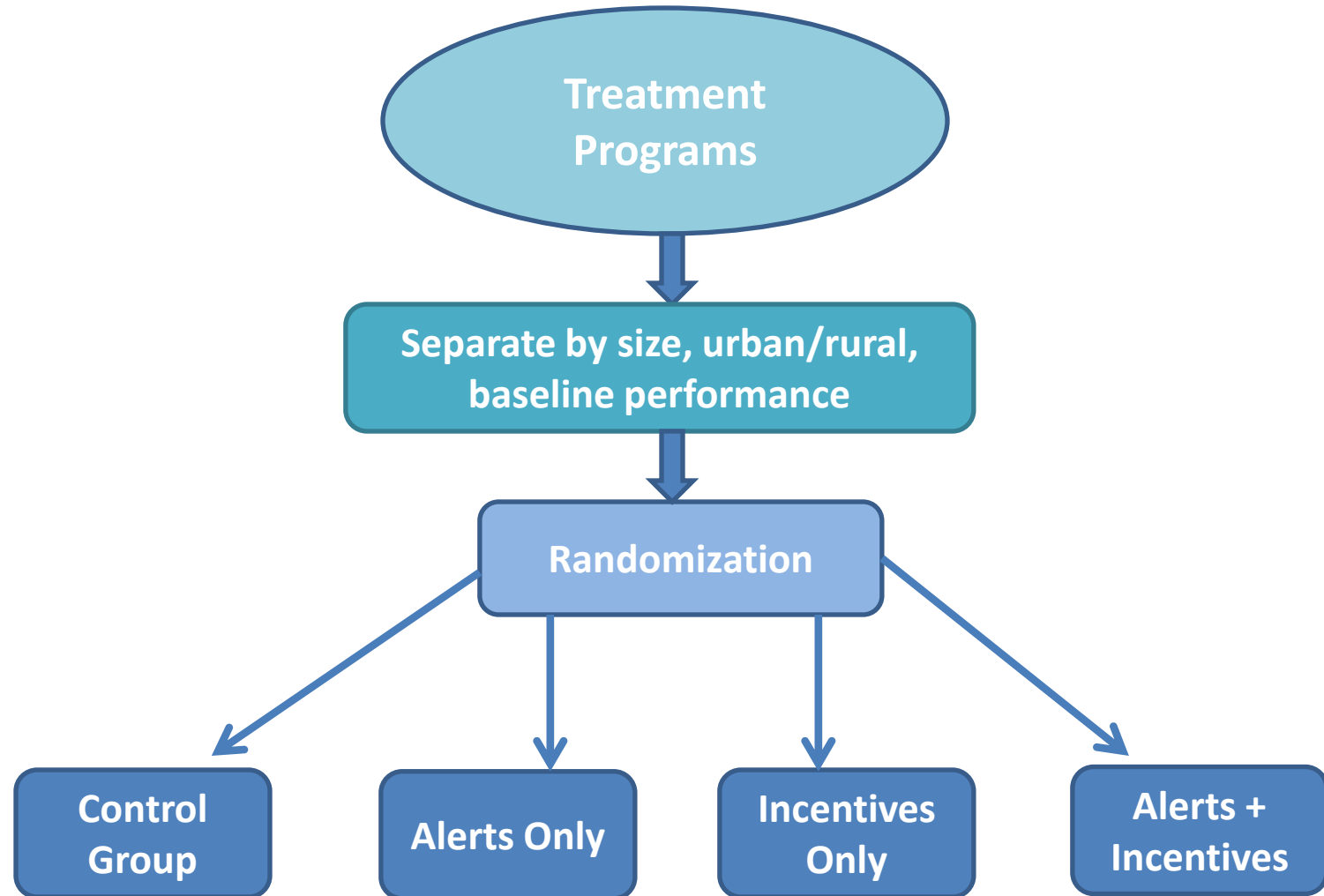
- Audits and feedback (similar to our alerts) can be effective in improving healthcare practices
- Can be used alone or as a component of a multifaceted quality improvement initiative

# WHAT INTERVENTIONS ARE EFFECTIVE?

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- Which of these interventions is associated with improved performance over time?
  - Financial incentives only
  - Client-specific alerts only
  - Financial incentives and client-specific alerts together

# RANDOMIZATION AND RESEARCH ARMS



For detox, no group with both alerts and financial incentives.

# PART III

## PERFORMANCE MEASURES



# PERFORMANCE MEASURES -- ENGAGEMENT AND CONTINUITY

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- Engagement in outpatient treatment
- Continuity after detoxification stay
- Continuity after residential treatment

# WHO USES THE INITIATION/ ENGAGEMENT MEASURES?

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- National Commission for Quality Assurance (NCQA) for commercial and Medicaid health plans
- National Quality Forum endorsement
- Medicare and Medicaid incentives for electronic health record adoption
- Veterans Health Administration
- States

# MEASURES - OP/IOP - ENGAGEMENT

- OP/IOP agencies
- Adult clients (ages 18+)
- Client is engaged if:
  - he/she receives a treatment service within 14 days of beginning a new admission
  - and at least two additional treatment sessions within the next 30 days.
- Agency Engagement Rate:
$$\frac{\text{\# of clients engaged}}{\text{Total \# of new admissions in a quarter}}$$

Note: Treatment on the same day as admission to OP/IOP does not count towards initiation.

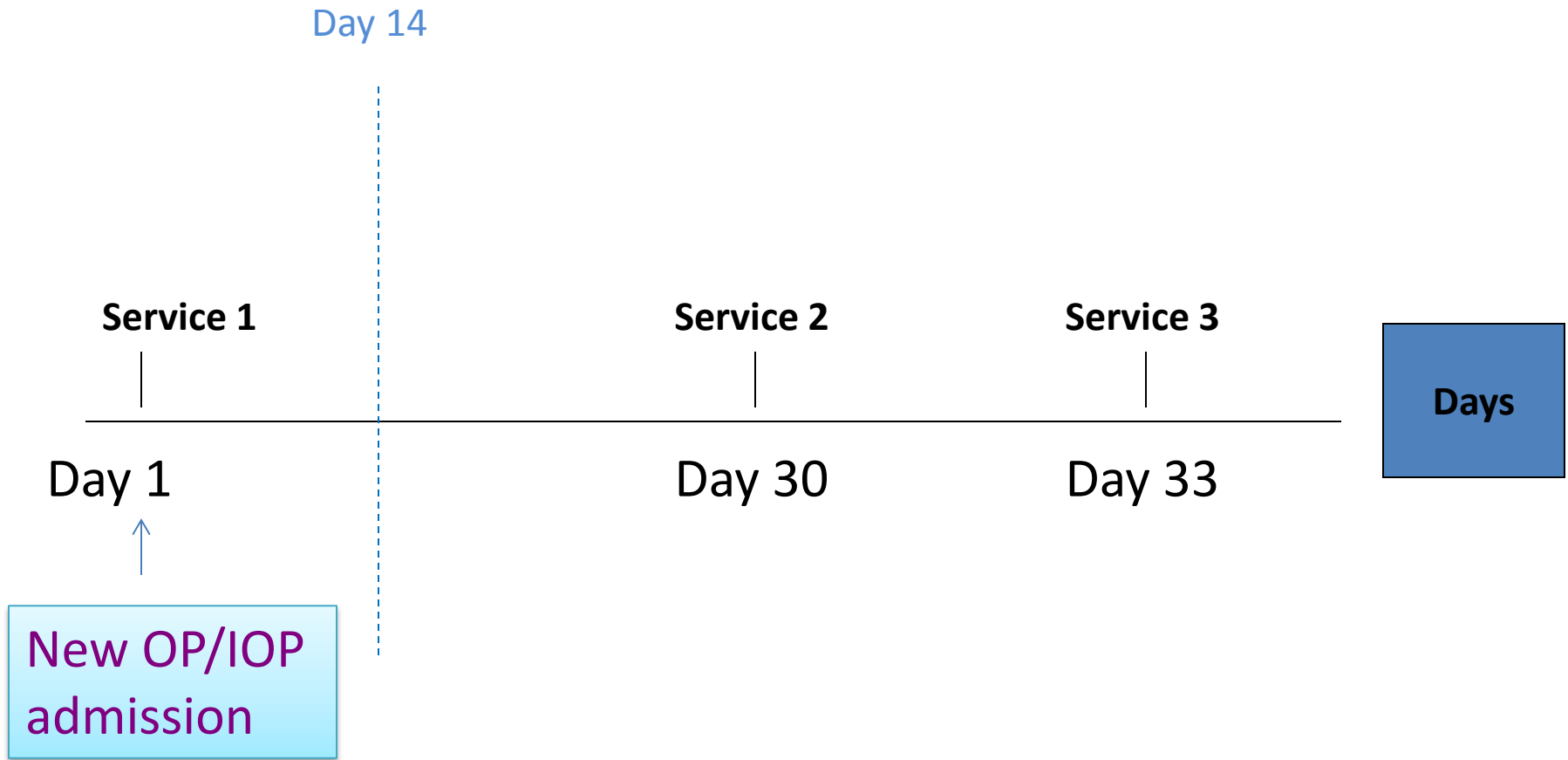


# TREATMENT SERVICES THAT COUNT TOWARD ENGAGEMENT MEASURE

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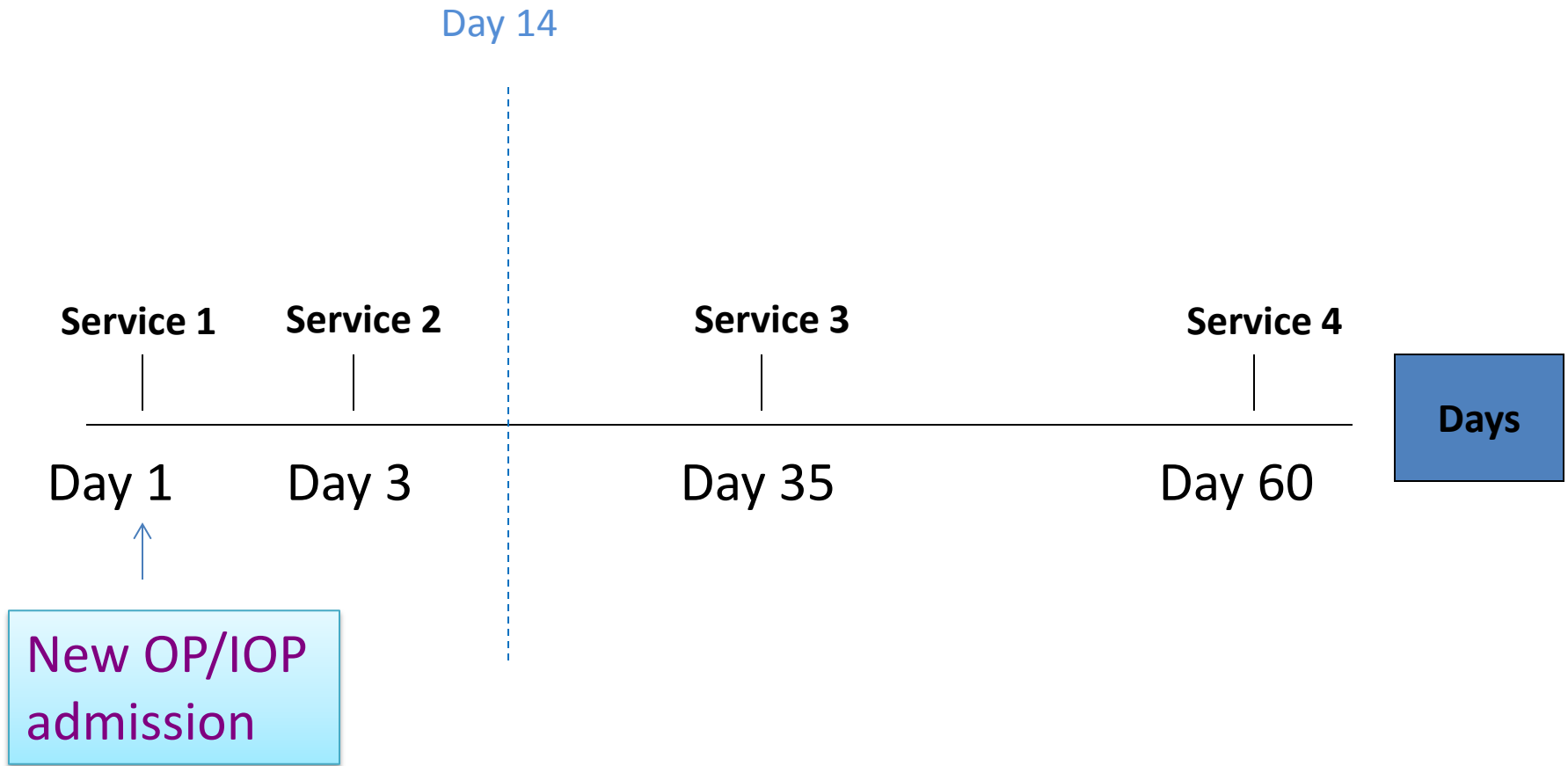
- Treatment Services
  - Case Management (face-to-face)
  - Group
  - Individual
  - Conjoint (with client)
- Support Services
  - Individual Brief Therapy
  - Group Brief Therapy
  - Conjoint Brief Therapy
- Only services which client attended (no-shows do not count)
- Includes “private pay” services

# EXAMPLE 1: NO INITIATION



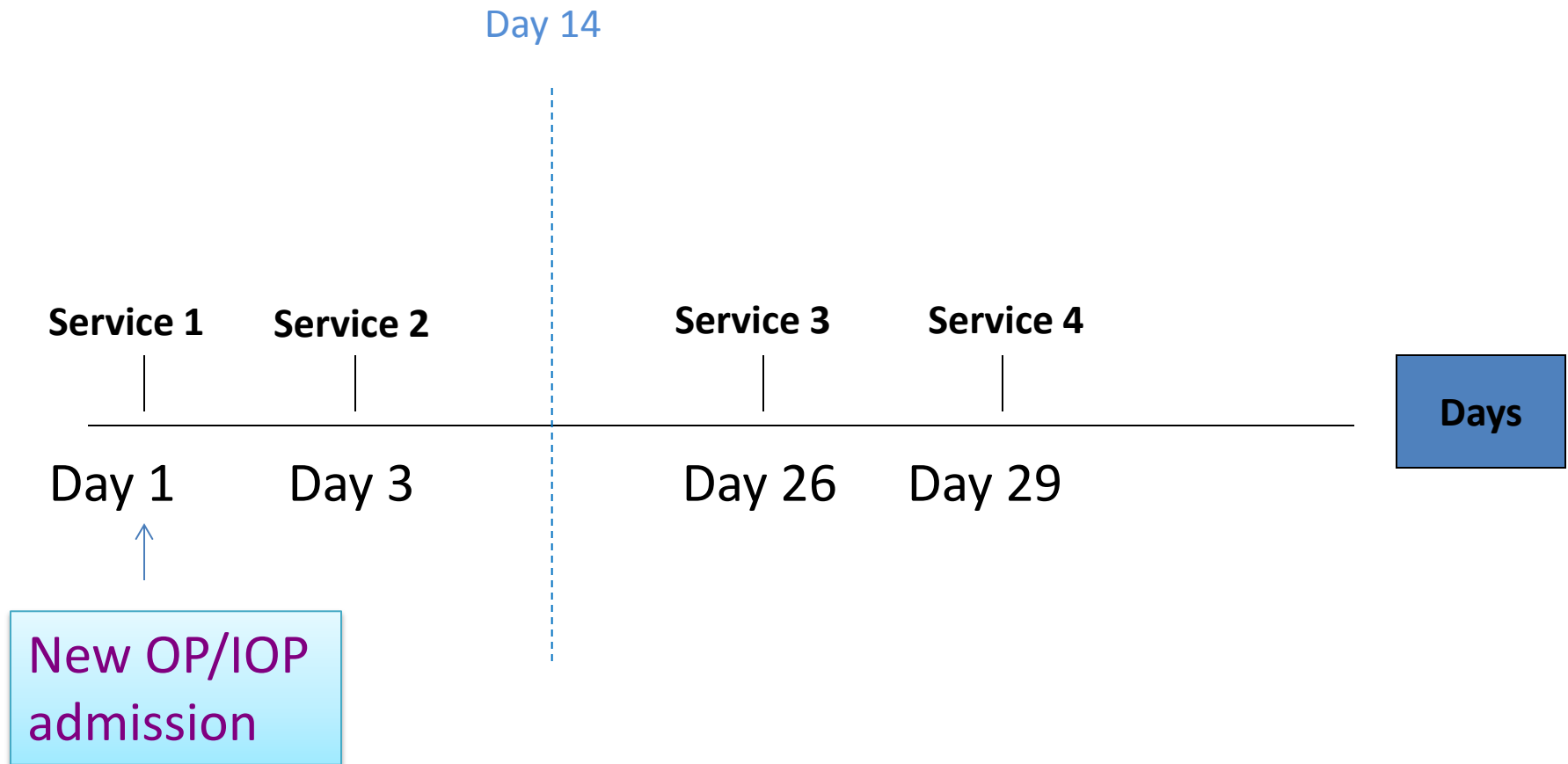
- No initiation because longer than 14 days from admission/Service #1 to next Service

# EXAMPLE 2: INITIATION BUT NO ENGAGEMENT



- Initiation because Service #2 on day 3 is within 14 days.
- No engagement because Service #3 is not within the next 30 days.

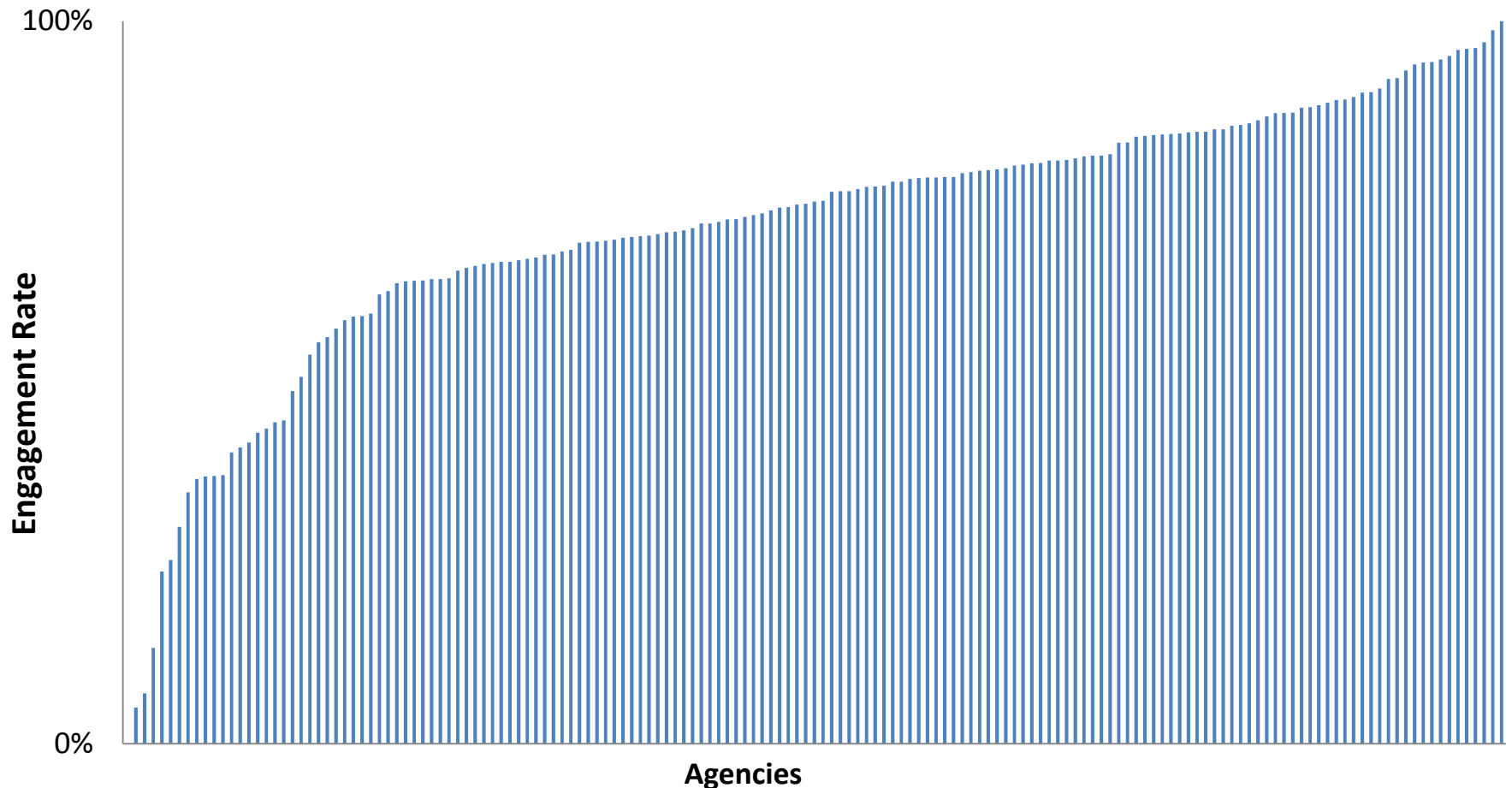
# EXAMPLE 3: SUCCESSFUL ENGAGEMENT



- Initiation because Service #2 is within 14 days.
- Successful engagement because Services 3 & 4 are within the next 30 days after initiation.

# OP/IOP ENGAGEMENT RATES – 7/1/2012 - 6/30/2013

N = 159 agencies (those which had at least 25 admissions during the baseline year)



# CALCULATION OF QUARTERLY ENGAGEMENT RATES

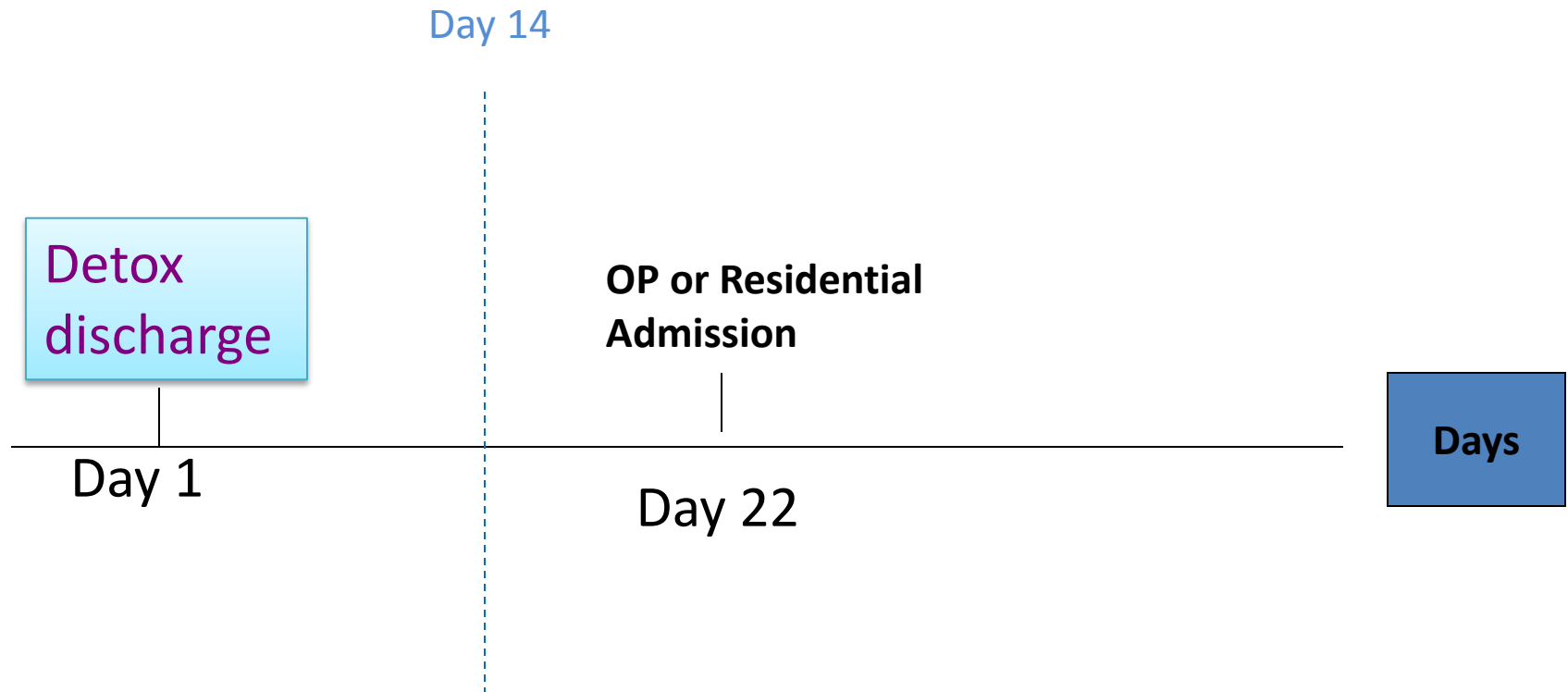
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
# of new admissions	53	55	53	58
# of clients engaged	31	28	32	28
Engagement rate	58%	51%	60%	48%

# MEASURES – CONTINUITY AFTER DETOX

- Client has continuity of care if:
  - he/she receives a treatment service\* within 14 days of being discharged
- Agency Continuity Rate:
$$\frac{\text{\# of clients who met continuity of care criteria}}{\text{Total \# of Clients Discharged}}$$

\*Services include OP/IOP or residential treatment. Another detox service does not count. Admission to OP/IOP or RESIDENTIAL on same day as discharge from DETOX does count toward continuity.

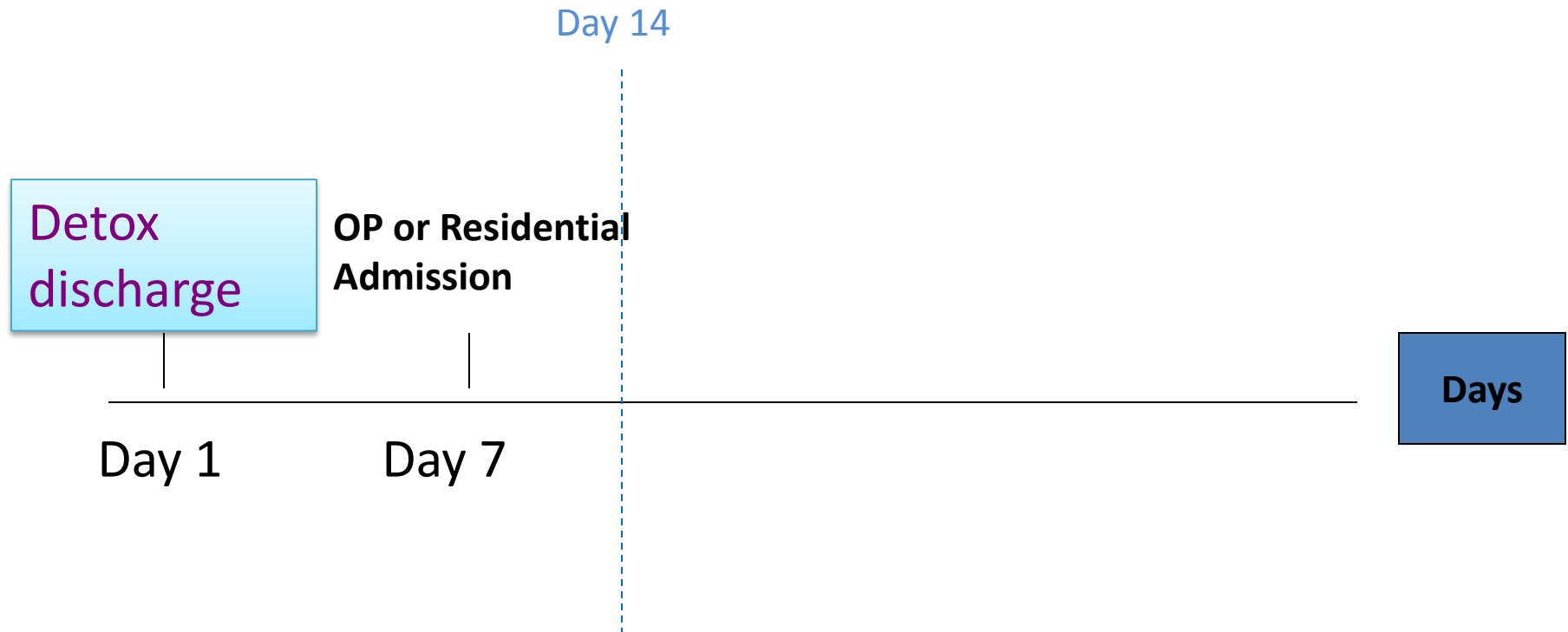
# EXAMPLE 4: NO CONTINUITY AFTER DETOX



- No continuity since OP or residential admission is not within 14 days of detox discharge.



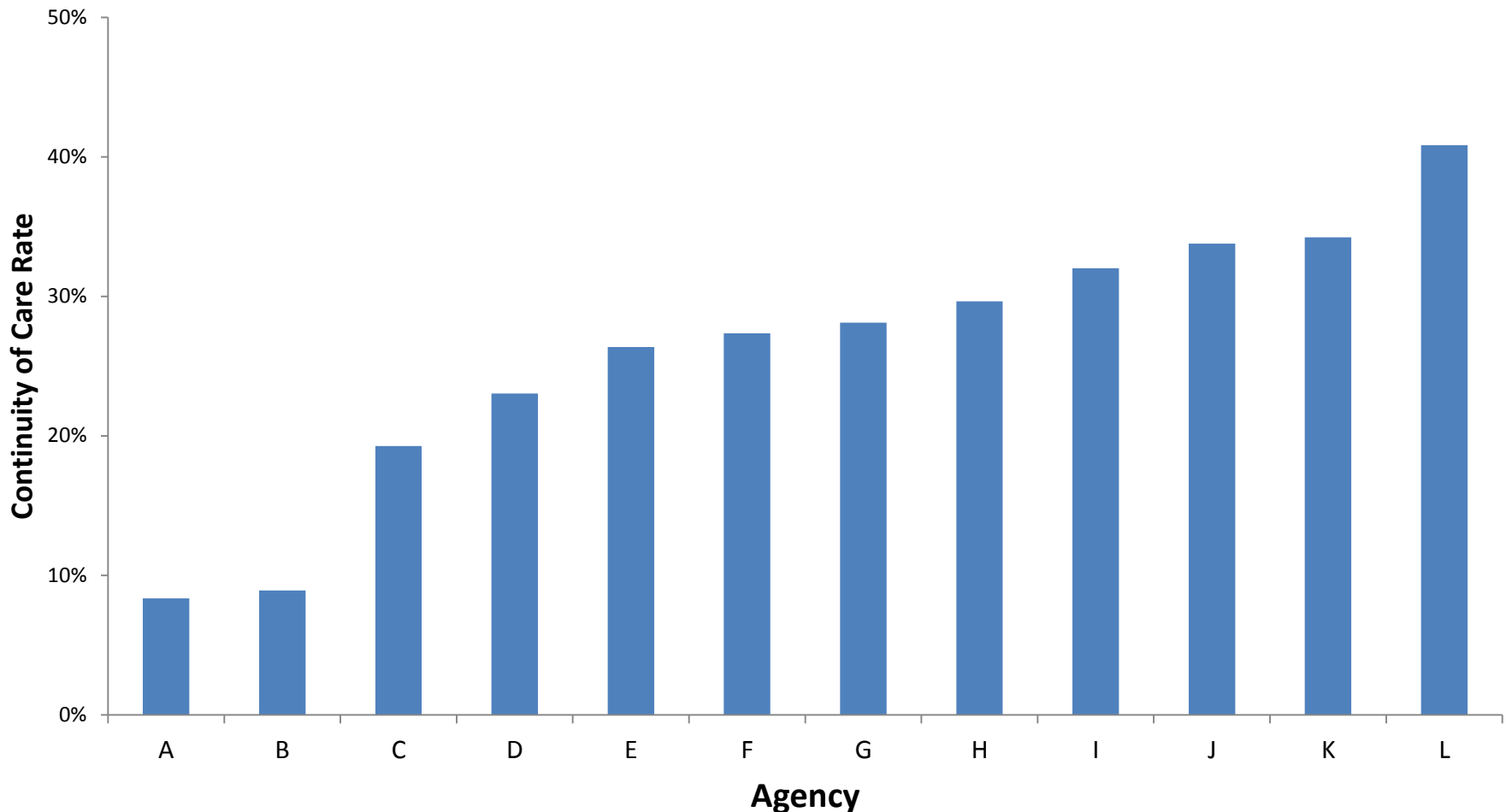
# EXAMPLE 5: SUCCESSFUL CONTINUITY AFTER DETOX



- Continuity since OP or Residential Admission is within 14 days of detox discharge.

# CONTINUITY AFTER DETOX RATES - 7/1/2012 - 6/30/2013

N = 12 (those which had at least 25 admissions during the baseline year)

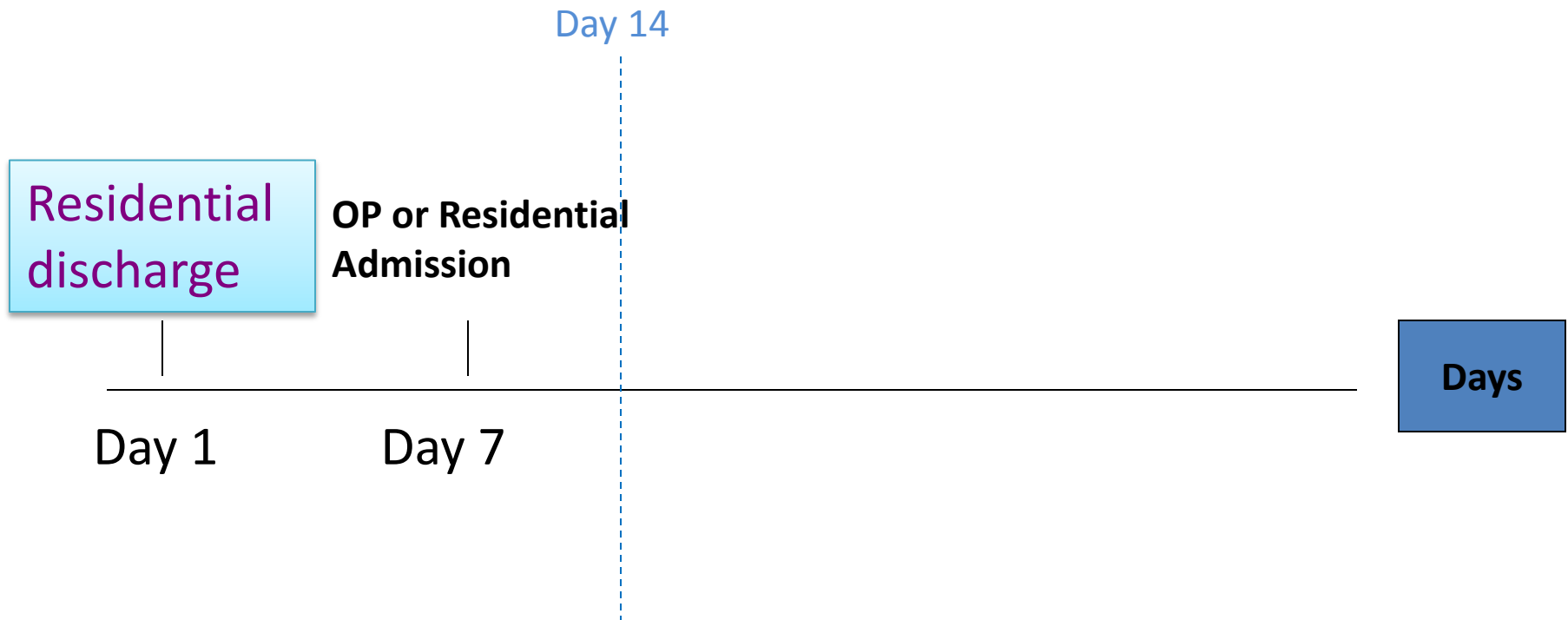


# MEASURES – CONTINUITY AFTER RESIDENTIAL

- Residential includes: Intensive Inpatient, Long-Term Residential, and Recovery House
- Client has continuity of care if:
  - he/she receives a treatment service\* within 14 days of being discharged
- Agency Continuity Rate:
$$\frac{\text{\# of clients who met continuity of care criteria}}{\text{Total \# of Clients Discharged In Quarter}}$$

\*Services include OP/IOP or residential treatment. Admission to OP/IOP or RESIDENTIAL on same day as discharge from RESIDENTIAL does count toward continuity.

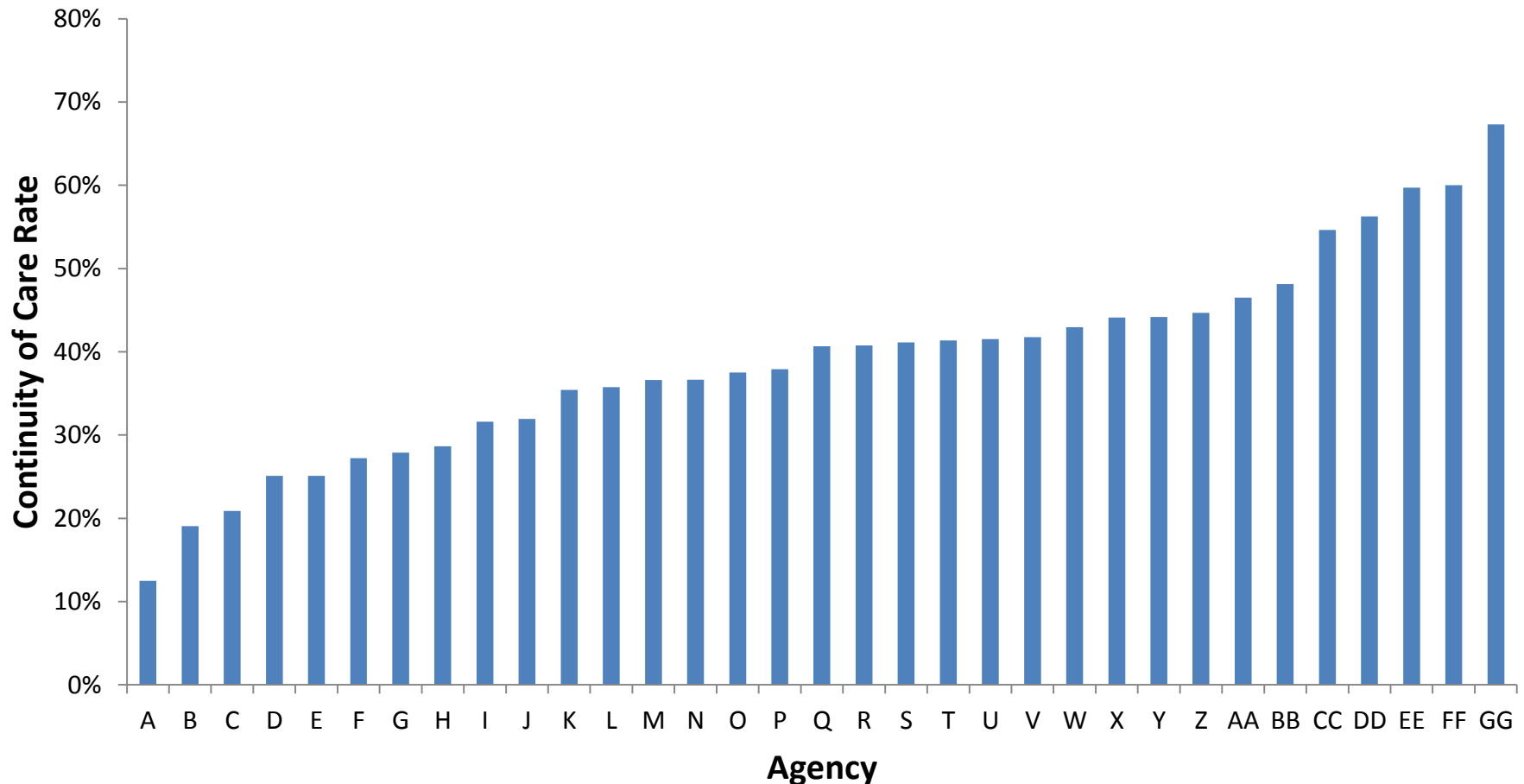
# EXAMPLE 6: SUCCESSFUL CONTINUITY AFTER RESIDENTIAL



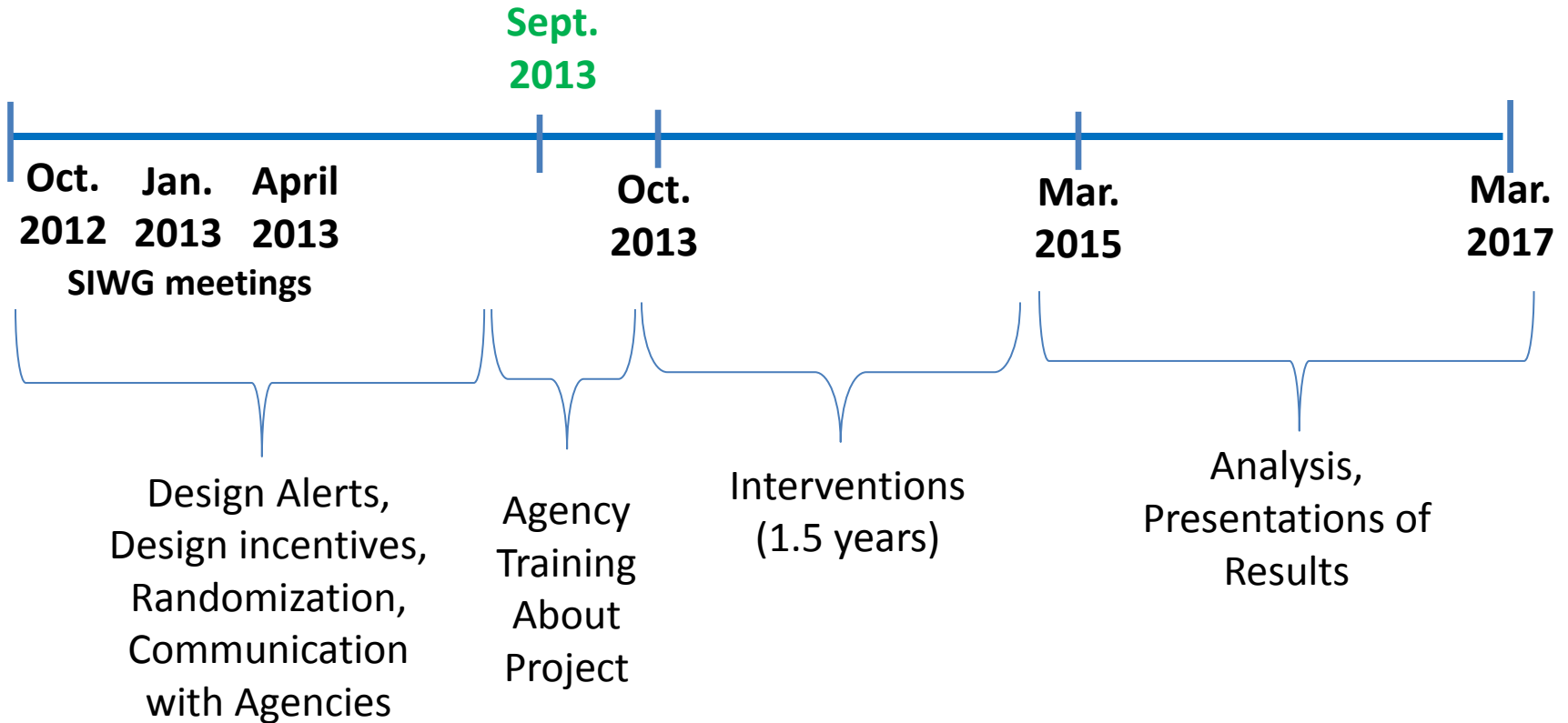
- Successful continuity since OP or Residential Admission is within 14 days of Residential discharge.

# CONTINUITY AFTER RESIDENTIAL RATES - 7/1/2012 - 6/30/2013

N = 33 (those which had at least 25 admissions during the baseline year)



# PROJECT TIMELINE



# SUMMARY

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- New imperatives (i.e., health reform and parity) now call for an even greater focus on use of performance measures to drive quality improvement
- Study will determine impact of incentives and alerts on key measures of care
- Our research will inform policy on financing and delivery of substance abuse services
- Success relies on timely data submission
- Collaboration between research team and agencies is key

# WRAP UP

## Questions and Contact Information





# CONTACT INFORMATION

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- Buzz Campbell  
(360) 725-3711 [CampbKM@dshs.wa.gov](mailto:CampbKM@dshs.wa.gov)
- Deborah Garnick  
(781) 736-3840 [garnick@brandeis.edu](mailto:garnick@brandeis.edu)
- Andrea Acevedo  
(781) 736-8657 [aacevedo@brandeis.edu](mailto:aacevedo@brandeis.edu)
- Eric Larson  
(360) 725-1736 [Eric.Larson@dshs.wa.gov](mailto:Eric.Larson@dshs.wa.gov)

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